



## Authorization Request Form - Part 2 Cardiac Implanted Device (Pacemaker)

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

**i** Please fill in each question option completely  →

<b>Patient Information</b>	First name	Last name	
	Member ID	Date of birth (MM/DD/YYYY)	

Fill out the following section if submitting for any of the following: **Cardiomyopathies**

<b>Question 1</b>	<p>What kind of pacemaker is this request for?</p> <p><input type="radio"/> Single-chamber pacing    <input type="radio"/> Dual-chamber pacing    <input type="radio"/> Pacing for cardiac resynchronization therapy (CRT)    <input type="radio"/> None of the above</p>																												
<b>Question 2</b>	<p>Does the patient have any of the following?</p> <p><input type="checkbox"/> Symptomatic heart block    <input type="checkbox"/> Symptomatic bradycardia    <input type="checkbox"/> None of the above    <input type="checkbox"/> Option</p>																												
<b>Question 3</b>	<p>Does the patient have an LV ejection fraction of less than or equal to 35%?</p> <p><input type="radio"/> Yes    <input type="radio"/> No</p>																												
<b>Question 4</b>	<p>Is the patient in Sinus Rhythm?</p> <p><input type="radio"/> Yes    <input type="radio"/> No</p>																												
<b>Question 5</b>	<p>Which of the following were identified on ECG?</p> <p><input type="checkbox"/> LBBB with a QRS 120 ms or greater    <input type="checkbox"/> Non-LBBB with a QRS 120 to 149 ms  <input type="checkbox"/> Non-LBBB pattern with QRS 150 ms or greater    <input type="checkbox"/> None of the above</p>																												
<b>Question 6</b>	<p>Which New York Heart Association (NYHA) class is the patient in?</p> <p><input type="radio"/> NYHA class I    <input type="radio"/> Ambulatory class IV  <input type="radio"/> NYHA class II    <input type="radio"/> None of the above  <input type="radio"/> NYHA class III</p>																												
<b>Question 7</b>	<p>Is the patient currently participating in maximal guideline-directed medical therapy (GDMT)?</p> <p><input type="radio"/> Yes, the patient is participating in maximal GDMT.    <input type="radio"/> No, the patient is NOT participating in maximal GDMT.  <input type="radio"/> No, the patient CANNOT tolerate participating in maximal GDMT.</p>																												
<b>Question 8</b>	<p>Do any of the following scenarios apply to the patient?</p> <p><input type="radio"/> LVEF 30% or less, sinus rhythm and Ischemic etiology of heart failure, LBBB with QRS 150 ms or greater, and NYHA class I symptoms    <input type="radio"/> Patients with Atrial Fibrillation and LVEF 35% if a) the patient requires ventricular pacing or otherwise meets CRT criteria and b) AV nodal ablation or rate control allows near 100% ventricular pacing with CRT  <input type="radio"/> Patient with LVEF 35% and is undergoing new or replacement device implantation with anticipated ventricular pacing (greater than 40%)    <input type="radio"/> None of the above</p>																												
<b>Question 9</b>	<p>Does the patient have any of the following surgical risk factors? (additional information)</p> <table border="0"> <tr> <td><input type="checkbox"/> Active bacterial infection</td> <td>Active smoking/nicotine use: <input type="checkbox"/> enroll patient in a smoking cessation program</td> <td><input type="checkbox"/> Active drug or alcohol abuse</td> <td rowspan="9">Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month <input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management</td> <td><input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)</td> <td><input type="checkbox"/> Coagulopathy or on anticoagulant therapy</td> </tr> <tr> <td><input type="checkbox"/> Primary pulmonary hypertension</td> <td>Anemia – <input type="checkbox"/> Hemoglobin less than 11 (females 11, males 12)</td> <td><input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%</td> </tr> <tr> <td><input type="checkbox"/> End Stage Liver Disease</td> <td><input type="checkbox"/> Uncontrolled Seizure Disorder</td> <td><input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke</td> </tr> <tr> <td><input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure</td> <td><input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months</td> <td><input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment</td> </tr> <tr> <td><input type="checkbox"/> Oxygen-dependent pulmonary disease</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Active bacterial infection	Active smoking/nicotine use: <input type="checkbox"/> enroll patient in a smoking cessation program	<input type="checkbox"/> Active drug or alcohol abuse	Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month <input type="checkbox"/> None of the above	<input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management	<input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)	<input type="checkbox"/> Coagulopathy or on anticoagulant therapy	<input type="checkbox"/> Primary pulmonary hypertension	Anemia – <input type="checkbox"/> Hemoglobin less than 11 (females 11, males 12)	<input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%	<input type="checkbox"/> End Stage Liver Disease	<input type="checkbox"/> Uncontrolled Seizure Disorder	<input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke	<input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure	<input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months	<input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment	<input type="checkbox"/> Oxygen-dependent pulmonary disease											
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**i** Please fill in each question option completely  →

<b>Patient Information</b>	First name	Last name	
	Member ID	Date of birth (MM/DD/YYYY)	

Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

<b>Question 1</b>	<p>Is the patient documented to have any of the following findings?</p> <p><input type="checkbox"/> Sinus node dysfunction and symptoms related to bradycardia</p> <p><input type="checkbox"/> Advanced 2nd or 3rd degree atrioventricular (AV) block with symptomatic bradycardia, ventricular dysfunction, or low cardiac output</p> <p><input type="checkbox"/> Syncope with bifascicular block and transient high-grade 2nd degree or 3rd degree AV block</p> <p><input type="checkbox"/> None of the above</p>																				
<b>Question 2</b>	<p>Does the patient have symptomatic sinus node dysfunction where the rhythm is caused by standard of care treatments (i.e., pharmacologic treatments) and any of the following?</p> <p><input type="radio"/> Yes, and there is no alternative management.</p> <p><input type="radio"/> Yes, and alternative management was exhausted.</p> <p><input type="radio"/> No, the patient does not have symptomatic bradycardia from standard of care treatments.</p>																				
<b>Question 3</b>	<p>Does the patient have any of the following?</p> <p><input type="checkbox"/> Chronotropic incompetence due to bradycardia</p> <p><input type="checkbox"/> Brady-tachy syndrome and symptoms attributable to bradycardia</p> <p><input type="checkbox"/> None of the above</p>																				
<b>Question 4</b>	<p>Does the patient have any of the following contraindications?</p> <p><input type="checkbox"/> Isolated sleep-related sinus bradycardia, sinus pauses, or AV block</p> <p><input type="checkbox"/> Syncope of unknown etiology</p> <p><input type="checkbox"/> Asymptomatic bifascicular block in the absence of transient complete AV block</p> <p><input type="checkbox"/> Known reversible and nonrecurrent cause of acute AV block</p> <p><input type="checkbox"/> Symptomatic improvement of the bradycardia</p> <p><input type="checkbox"/> Asymptomatic second-degree Mobitz type I (Wenckebach)</p> <p><input type="checkbox"/> Asymptomatic first-degree AV block</p> <p><input type="checkbox"/> None of the above</p>																				
<b>Question 5</b>	<p>Does the patient have any of the following surgical risk factors? (additional information)</p> <table border="0"> <tr> <td><input type="checkbox"/> Active bacterial infection</td> <td><input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program</td> <td><input type="checkbox"/> Active drug or alcohol abuse</td> <td rowspan="5">Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month</td> </tr> <tr> <td><input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management</td> <td><input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)</td> <td><input type="checkbox"/> Coagulopathy or on anticoagulant therapy</td> </tr> <tr> <td><input type="checkbox"/> Primary pulmonary hypertension</td> <td><input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12)</td> <td><input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%</td> </tr> <tr> <td><input type="checkbox"/> End Stage Liver Disease</td> <td><input type="checkbox"/> Uncontrolled Seizure Disorder</td> <td><input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke</td> </tr> <tr> <td><input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure</td> <td><input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months</td> <td><input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment</td> </tr> <tr> <td><input type="checkbox"/> Oxygen-dependent pulmonary disease</td> <td></td> <td><input type="checkbox"/> CPAP: Refer the patient for Sleep Apnea Treatment</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>	<input type="checkbox"/> Active bacterial infection	<input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program	<input type="checkbox"/> Active drug or alcohol abuse	Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month	<input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management	<input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)	<input type="checkbox"/> Coagulopathy or on anticoagulant therapy	<input type="checkbox"/> Primary pulmonary hypertension	<input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12)	<input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%	<input type="checkbox"/> End Stage Liver Disease	<input type="checkbox"/> Uncontrolled Seizure Disorder	<input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke	<input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure	<input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months	<input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment	<input type="checkbox"/> Oxygen-dependent pulmonary disease		<input type="checkbox"/> CPAP: Refer the patient for Sleep Apnea Treatment	<input type="checkbox"/> None of the above
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<b>Patient Information</b>	First name	Last name
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Fill out the following section if submitting for any of the following: **Atrial Flutter, Atrial Fibrillation**

<b>Question 1</b>	<b>Does the patient have any of the following surgical risk factors? (additional information)</b>			
	<input type="checkbox"/> Active bacterial infection <input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management <input type="checkbox"/> Primary pulmonary hypertension <input type="checkbox"/> End Stage Liver Disease <input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure <input type="checkbox"/> Oxygen-dependent pulmonary disease	<input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program <input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2) <input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12) <input type="checkbox"/> Uncontrolled Seizure Disorder <input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months	<input type="checkbox"/> Active drug or alcohol abuse <input type="checkbox"/> Coagulopathy or on anticoagulant therapy <input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8% <input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke <input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment	Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month <input type="checkbox"/> None of the above

Fill out the following section if submitting for any of the following: **Atrial Flutter**

<b>Question 1</b>	<b>Does the patient have any of the following arrhythmias?</b> <input type="checkbox"/> Associated sinus node dysfunction <input type="checkbox"/> Symptomatic bradycardia <input type="checkbox"/> Atrioventricular (AV) node dysfunction <input type="checkbox"/> None of the above
<b>Question 2</b>	<b>Is the patient a candidate for single- or dual-chamber pacing due to symptomatic low heart rates?</b> <input type="radio"/> Yes <input type="radio"/> No

Fill out the following section if submitting for any of the following: **Atrial Fibrillation**

<b>Question 1</b>	<b>Which of the following findings were documented within the past three months?</b> <input type="checkbox"/> Persistent atrial fibrillation <input type="checkbox"/> Paroxysmal atrial fibrillation <input type="checkbox"/> Permanent atrial fibrillation <input type="checkbox"/> None of the above
<b>Question 2</b>	<b>Does the patient have associated symptomatic bradycardia, sinus node dysfunction, or AV node dysfunction?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Question 3</b>	<b>Is the patient a candidate for AV node ablation?</b> <input type="radio"/> Yes <input type="radio"/> No



# Authorization Request Form - Part 2

## Cardiac Implanted Device (Pacemaker) & Cardiac Ablation

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<b>Patient Information</b>	First name	Last name
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Fill out the following section if submitting for any of the following: **Heart Block, Sinus Node Dysfunction**

<b>Question 1</b>	<p><b>Does the patient have any of the following surgical risk factors? (additional information)</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Active bacterial infection</td> <td>Active smoking/nicotine use:</td> <td><input type="checkbox"/> Active drug or alcohol abuse</td> <td rowspan="2">Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month</td> </tr> <tr> <td><input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management</td> <td><input type="checkbox"/> enroll patient in a smoking cessation program</td> <td><input type="checkbox"/> Coagulopathy or on anticoagulant therapy</td> </tr> <tr> <td><input type="checkbox"/> Primary pulmonary hypertension</td> <td><input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)</td> <td><input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%</td> <td><input type="checkbox"/> uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month</td> </tr> <tr> <td><input type="checkbox"/> End Stage Liver Disease</td> <td><input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12)</td> <td><input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure</td> <td><input type="checkbox"/> Uncontrolled Seizure Disorder</td> <td><input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Oxygen-dependent pulmonary disease</td> <td><input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Active bacterial infection	Active smoking/nicotine use:	<input type="checkbox"/> Active drug or alcohol abuse	Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month	<input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management	<input type="checkbox"/> enroll patient in a smoking cessation program	<input type="checkbox"/> Coagulopathy or on anticoagulant therapy	<input type="checkbox"/> Primary pulmonary hypertension	<input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)	<input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%	<input type="checkbox"/> uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month	<input type="checkbox"/> End Stage Liver Disease	<input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12)	<input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke	<input type="checkbox"/> None of the above	<input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure	<input type="checkbox"/> Uncontrolled Seizure Disorder	<input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment		<input type="checkbox"/> Oxygen-dependent pulmonary disease	<input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months		
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Fill out the following section if submitting for any of the following: **Heart Block**

<b>Question 1</b>	<p><b>Does the patient have any of the following conditions?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Advanced second or third degree AV block after cardiac surgery (that is not expected to resolve)</td> <td><input type="checkbox"/> A genetic syndrome known to develop heart block when progressive conduction abnormalities are seen (e.g., Emery-Dreyfuss Syndrome, some forms of Limb-Girdle Muscular Dystrophy, Myofibrillar Myopathies)</td> </tr> <tr> <td><input type="checkbox"/> Alternating bundle branch block</td> <td><input type="checkbox"/> Symptomatic, new and persistent AV block after TAVR</td> </tr> <tr> <td><input type="checkbox"/> Symptomatic 3rd degree or 2nd-degree Mobitz II AV block on ambulatory monitoring</td> <td><input type="checkbox"/> New and persistent left bundle branch block after TAVR</td> </tr> <tr> <td><input type="checkbox"/> Infranodal block (HV interval &gt; 100 msec) on EP study</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>	<input type="checkbox"/> Advanced second or third degree AV block after cardiac surgery (that is not expected to resolve)	<input type="checkbox"/> A genetic syndrome known to develop heart block when progressive conduction abnormalities are seen (e.g., Emery-Dreyfuss Syndrome, some forms of Limb-Girdle Muscular Dystrophy, Myofibrillar Myopathies)	<input type="checkbox"/> Alternating bundle branch block	<input type="checkbox"/> Symptomatic, new and persistent AV block after TAVR	<input type="checkbox"/> Symptomatic 3rd degree or 2nd-degree Mobitz II AV block on ambulatory monitoring	<input type="checkbox"/> New and persistent left bundle branch block after TAVR	<input type="checkbox"/> Infranodal block (HV interval > 100 msec) on EP study	<input type="checkbox"/> None of the above
<input type="checkbox"/> Advanced second or third degree AV block after cardiac surgery (that is not expected to resolve)	<input type="checkbox"/> A genetic syndrome known to develop heart block when progressive conduction abnormalities are seen (e.g., Emery-Dreyfuss Syndrome, some forms of Limb-Girdle Muscular Dystrophy, Myofibrillar Myopathies)								
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<input type="checkbox"/> Infranodal block (HV interval > 100 msec) on EP study	<input type="checkbox"/> None of the above								
<b>Question 2</b>	<p><b>Does the patient have any of the following findings on ECG which are not expected to improve?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> 2nd-degree Mobitz II</td> <td><input type="checkbox"/> Other high-grade AV block</td> </tr> <tr> <td><input type="checkbox"/> 3rd-degree AV block</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>	<input type="checkbox"/> 2nd-degree Mobitz II	<input type="checkbox"/> Other high-grade AV block	<input type="checkbox"/> 3rd-degree AV block	<input type="checkbox"/> None of the above				
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<input type="checkbox"/> 3rd-degree AV block	<input type="checkbox"/> None of the above								
<b>Question 3</b>	<p><b>Does the patient have any of the following?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Transient AV block after myocardial infarction or a cardiac procedure which resolved spontaneously</td> <td><input type="checkbox"/> Syncope of undetermined etiology</td> </tr> <tr> <td><input type="checkbox"/> Fascicular block without AV block or symptoms</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>	<input type="checkbox"/> Transient AV block after myocardial infarction or a cardiac procedure which resolved spontaneously	<input type="checkbox"/> Syncope of undetermined etiology	<input type="checkbox"/> Fascicular block without AV block or symptoms	<input type="checkbox"/> None of the above				
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<input type="checkbox"/> Fascicular block without AV block or symptoms	<input type="checkbox"/> None of the above								

Fill out the following section if submitting for any of the following: **Sinus Node Dysfunction**

<b>Question 1</b>	<p><b>Does the patient have any of the following conditions?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Symptomatic sinus node dysfunction, which may be caused by needed pharmacologic therapies.</td> <td><input type="checkbox"/> Sleep-related sinus bradycardia or sinus pauses.</td> </tr> <tr> <td><input type="checkbox"/> Chronotropic incompetence due to bradycardia.</td> <td><input type="checkbox"/> Asymptomatic sinus bradycardia or sinus pauses due to physiologically elevated parasympathetic (vagal) tone.</td> </tr> <tr> <td><input type="checkbox"/> Brady-tachy syndrome.</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>	<input type="checkbox"/> Symptomatic sinus node dysfunction, which may be caused by needed pharmacologic therapies.	<input type="checkbox"/> Sleep-related sinus bradycardia or sinus pauses.	<input type="checkbox"/> Chronotropic incompetence due to bradycardia.	<input type="checkbox"/> Asymptomatic sinus bradycardia or sinus pauses due to physiologically elevated parasympathetic (vagal) tone.	<input type="checkbox"/> Brady-tachy syndrome.	<input type="checkbox"/> None of the above
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<input type="checkbox"/> Brady-tachy syndrome.	<input type="checkbox"/> None of the above						
<b>Question 2</b>	<p><b>Is the patient a candidate for single- or dual-chamber pacing due to symptomatic low heart rates?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>						